

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

628
370

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT
FULL NAME Oliver Miller

3. (b) If veteran, name was Baby 3. (c) Social Security No. —

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept - 21 - 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 21 hr. min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business

12. Name Oliver Miller Sr.
13. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Edna May Brown
15. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Miller Jr.
(b) Address 1101 O'Fallon St.
17. (a) Burial (b) Date thereof 1-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director Edis Funeral Home
(b) Address 2820 Stoddard St
19. (a) JAN 13 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 O'Fallon
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11,
year 1942 hour 6 minute 55 A. M.
January

21. I hereby certify that I attended the deceased from 7, 19 42 January 11, 19 42
that I last saw him alive on January 11, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 11 days

primary
Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury —
Signature P. S. Moore (M. D. or other)
Address 2601 S. Butler Date signed 1/14/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed

L. B. Boyer
my
Lommi Boyer
294
P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.